



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: July 17, 2003

SUBJECT: Website for Federal Grants

The federal government is moving to one website to list all federal grants. The address is <http://www.fedgrants.gov/>.

The page that deals with AoA related grants is <http://fedgrants.gov/Applicants/HHS/AoA/>

If you have any questions, please let me know.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Janet L. Honeycutt
Director of Grant Operations

DATE: July 22, 2003

SUBJECT: Equipment Available

Many Virginia Seniors are in need of equipment to assist them in and around their homes and communities. Four major barriers to obtaining adaptive equipment and supplies are cost, access, supply and storage. We have found a source for this equipment as well as resolving the barriers.

Richmond Goodwill Industries, Inc., has a Medical/Adaptive Equipment Program which allows individuals to:

- Try out equipment prior to making a purchase
- Borrow supplies for temporary use while waiting for equipment on order or while dealing with medical insurance issues
- Borrow items for a temporary disability or other short term need
- Use equipment and supplies ongoing due to limited funds

The professionally staffed exchange program provides medical / adaptive equipment, including new and gently used manual and electric wheelchairs, ambulatory devices (walkers and canes), scooters and bathroom safety equipment (grab bars, hand-held showers, raised toilet seats and shower seats). Medical supplies, such as disposable diapers and chuxs, and other items are available as well. Storage and processing space at the Goodwill main facility on Midlothian Turnpike is dedicated to this project. Items donated by the local community are received, inspected, repaired as needed, then

cleaned. They are then distributed to persons in need based on requests and recommendations for assistance, which can be made at any time by referral sources. To request medical or adaptive equipment or supplies, or to make a referral, individuals can call Hasan Zarif at 521-4916.

This equipment is available to all residents of Virginia, with plans to have similar programs in Danville, Hampton Roads and Fredericksburg. And the best thing is that cost is negligible.

If you know of clients in your community who might benefit from this program, please be sure to contact them. Or if you want more information on the program you can contact me at (804) 662-9341 or via e-mail at <mailto:jlhoneycutt@vdh.state.va.us>.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: July 17, 2003

SUBJECT: Attorney General's Office letter concerning HIPAA

Attached is a memo from the Office of the Attorney General concerning the impact of HIPAA on VDA and the AAAs. Although the initial question to the Assistant Attorney General was a Business Associate Agreement between VDA and Appalachian Agency for Senior Citizens (AASC), their reply addresses HIPAA for VDA and all AAAs.

From Appalachian's standpoint, only those contracts and items that were mentioned are not HIPAA covered. Other services provided may cause them a HIPAA covered entity. Any AAA that engages in direct provision of health care outside the scope of our contracts will have different HIPAA concerns.

Please continue to address with your attorney important legal issues.

If you have any further questions, please call Bill Peterson at (804) 662-9325 or me.

Important phrases in the Assistant Attorney General's letter include:

Page 3: "VDA is therefore not covered by HIPAA."

Subject: Attorney General's Office letter concerning HIPAA
Page 2 of 2

Page 3: "AASC does not engage in HIPAA 'transactions' under these contracts, and therefore it is not a covered entity when performing services provided under these contracts."

- Contract for Titles III and VII, Older Americans Act, Care Coordination for Elderly Virginians, Respite Care Program
- Virginia Adult Day Care Incentive Grant
- Older Americans Act Title V – Senior Community Service Employment Program (SCSEP) Contract
- Virginia Insurance Counseling and Assistance Program (VICAP) Contract

Page 4: "The UAI is therefore not that type of assessment included within the definition of 'health care' under HIPAA."

Page 7: "The services AASC provides under its contracts with VDA are not health care services or treatment as those terms are defined in HIPAA Privacy Rule, including care coordination or completion of the UAI. It also does not conduct HIPAA transactions with VDA."

"AASC is also functioning as a government benefit program with respect to these health care providers, and not as a health plan or business associate of the health care provider. Only if AASC employees staff to deliver health care services directly to clients and bills, or conducts HIPAA transactions with a third party payer for individual services would AASC be a 'covered entity' under the HIPAA Privacy Rule.



COMMONWEALTH of VIRGINIA

Office of the Attorney General
Richmond 23219

Jerry W. Kilgore
Attorney General

900 East Main Street
Richmond, Virginia 23219
804 - 786 - 2071
804 - 371 - 8946 TOD

MEMORANDUM

TO: Jay W. DeBoer
Commissioner
Department for the Aging

FROM: Jane D. Hickey *JDH*
Senior Assistant Attorney General

DATE: June 30, 2003

SUBJECT: Appalachian Agency for Senior Citizens
Business Associate Contract

The Appalachian Agency for Senior Citizens (AASC) has submitted a Business Associate Agreement to the Department for the Aging (VDA) for signature in order to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and in particular, the regulations promulgated thereunder by the Department of Health and Human Services (HHS) with an implementation date of April 14, 2003 (HIPAA Privacy Rule). You ask whether VDA should sign this Agreement.

The Agreement submitted far exceeds the requirements of the HIPAA Privacy Rule and I do not recommend its use for business associates. More importantly, VDA is not a "business associate" of AASC as that term is defined in the HIPAA Privacy Rule, 45 CFR § 160.103. In addition, AASC is most likely not a "covered entity" subject to HIPAA.

Department for the Aging

The HIPAA Privacy Rule defines a "covered entity" as a "health plan", "a health care clearinghouse", or "[a] health care provider who transmits any health information in electronic form in connection with a transaction covered by [HIPAA]." A HIPAA "transaction" is defined as the transmission of information to carry out financial or administrative activities related to health care, including:

Health care claims or equivalent encounter information
Health care payment and remittance advice

- Coordination of benefits
- Health care claim status
- Enrollment and disenrollment in a health plan
- Eligibility for a health plan
- Health plan premium payments
- Referral certification and authorization
- First report of injury
- Health claims attachments
- Other transactions that the HHS secretary may prescribe by regulation

45 CFR § 160.103. A "health plan" is an individual or group plan that provides, or pays the cost of, medical care. The definition of "health plan" excludes a government-funded program, other than Medicare, Medicaid or an employee benefit plan, whose principal purpose is other than providing, or paying the cost of, health care, or the making of grants to fund the direct provision of health care to persons, or whose principle purpose is the funding of health care. "Health care provider" means a provider of services as defined in various federal laws "and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." 45 CFR § 160.103.

VDA has as its mission to improve the quality of life for older Virginians and to act as a vocal point for state agencies for research, policy analysis, long-range planning and education on aging issues. It is the single state agency responsible for administration of the federal Older Americans Act. It also designates area agencies on aging, awards grants and enters into contracts for the provision of services to the elderly under the Older Americans Act, the Virginia Respite Care Grant Program, and such other programs as from time to time become available. Va. Code §§ 2.2-703 and 2.2-714. As such, the programs it delivers are social in nature, rather than in the nature of health care.¹

VDA does not provide or bill for health care services, and is therefore not a health care provider under HIPAA. Although VDA may indirectly fund some health care services and has access to the Uniform Assessment Instrument (UAI) that contains self-reported healthcare information, it is a government benefit program whose principal

¹ See Memorandum to Josefina G. Carbonell, Assistant Secretary on Aging, Administration on Aging from Susan McAndrew, Sr. Health Information Privacy Policy Specialist, Office for Civil Rights, dated September 28, 2001. After an exhaustive search, this memorandum and Information Memorandum ADA-IM-03-01 dated February 4, 2003, related to the Long-Term Care Ombudsman Program, are the only policy guidance that could be located related to HIPAA and programs operated under the Older Americans Act. The Information Memorandum recognized the Long-Term Care Ombudsman Program as a health oversight agency under HIPAA. A covered entity may provide the Ombudsman with access to individuals' records with or without authorization under the requirements of Section 712 of the OAA related to access and 45 CFR § 164.512(d) of the HIPAA Privacy Rule.

purpose is other than the payment or delivery of health care services, and is not a health plan. VDA is therefore not covered by HIPAA.

A "business associate" is defined as 1) an entity that performs a function or activity on behalf of an entity covered by HIPAA involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing, or 2) provides legal, actuarial, accounting, consulting data aggregation, management, administrative, accreditation, or financial services to or for the covered entity. 45 CFR § 103. VDA does not perform any of these activities or functions on behalf of AASC or provide any of these services to AASC under the contracts referenced below, and is therefore not a business associate of AASC.

Area Agency on Aging

VDA has entered into the following four contracts with AASC, the Area Agency on Aging:

Contract for Titles III and VII, Older Americans Act, Care Coordination for Elderly Virginians, Respite Care Program (October 1, 2002-September 30, 2003)

Virginia Adult Day Care Incentive Grant Program Contract (July 1, 2002-June 30, 2003)

Older Americans Act Title V - Senior Community Service Employment Program (SCSEP) Contract (July 1, 2002-June 30, 2003)

Virginia Insurance Counseling and Assistance Program (VICAP) Contract (April 1, 2003-March 31, 2004)

In order to be considered a "health care provider" under the HIPAA Privacy Rule, AASC would need to furnish, bill or receive payment for health care in the normal course of business. In other words, AASC would need to request and obtain payment from a health plan for the payment of health care. Because VDA provides funding to AASC under the above referenced contracts as a government benefits program and not as a health plan, AASC does not engage in a HIPAA "transaction" under these contracts, and therefore it is not a covered entity when performing services provided under these contracts.

Uniform Assessment Instrument

Moreover, the services provided under the contracts are not "health care" as defined in HIPAA. "Health care" is defined as "care, services, or supplies related to the health of an individual" and include "preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body." 45 CFR § 160103. The term "assessment" was added to the definition of "health care" on December 28, 2000. A number of commenters urged that the term "assessment" be added because an assessment is used to determine the baseline health status of an individual, and assessments are conducted in the initial step of diagnosis and treatment of a patient. 65 FR 82571 (Dec.28, 2000).

VDA requires that the Uniform Assessment Instrument (UAI) be completed for all clients receiving services under most of the contracts listed above. Although originally designed to assess an individual's need for nursing home care, the General Assembly has mandated its use "to gather information for the determination of a client's care needs and service eligibility, and for planning and monitoring a client's care needs across various agencies and long-term care services. The UAI is a multi-dimensional standardized questionnaire, which assesses a client's social, physical health, mental health, and functional abilities, and it provides a comprehensive look at a client."² The UAI is therefore used to assess an individual's need for and eligibility for a wide-variety of services, including health care services, but is not used to determine the health status of an individual, or to diagnose or treat the person. The UAI is therefore not that type of assessment included within the definition of "health care" under HIPAA.

Care Coordination

The Contract for Titles III and VII, Older Americans Act Care Coordination for Elderly Virginians - Respite Care Program states as its purpose "to concentrate resources in order to develop greater capacity and foster the development and implementation of a comprehensive and coordinated system to serve older individuals within the designated planning and service area, for the planning, and for the provision of, supportive services, and multipurpose senior centers in order to:

- 1) Secure and maintain maximum independence and dignity in a home environment for older persons capable of self care with appropriate supportive services;

² Users Manual Virginia Uniform Assessment Instrument, page 9.

- 2) Remove individual and social barriers to economic and personal independence for older persons;
- 3) Provide a continuum of care for the vulnerable elderly; and
- 4) Secure the opportunity for older individuals to receive managed in-home and community-based long-term care services."

Section 2.19 of the contract requires that all activities funded under the contract comply with Service Standards established by VDA, including standards for Care Coordination (formerly case management services) and Respite Care. HHS has indicated in the preamble to the HIPAA Privacy Rule that if the services that a disease manager or case manager provides meet the definition of "treatment" and the person otherwise meets the definition of "health care provider", a disease or case manager is a covered health care provider under the HIPAA Privacy Rule. 65 FR 82575 (Dec. 28, 2000). "Treatment" is defined as "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another." 45 CFR § 164.501.

The Care Coordination standards, revised February 15, 2002,³ define care coordination as follows:

Care coordination is the coordination of a broad range of services arranged in response to the assessed needs and resources of older persons and uses all available, appropriate funding sources. Care coordination recognizes the unique needs and preferences of the person receiving assistance and the right to exercise control over their own lives. Care coordination supports older persons and their caregivers in making appropriate and informed decisions about needed assistance.

Service delivery elements include outreach, intake/screening, assessment, care planning, arranging for service delivery, monitoring, reassessment, and termination. Whereas the

³ The revised service standard becomes effective October 1, 2003 and defines care coordination as follows: Care coordination is assistance, either in the form of accessing needed services, benefits, and/or resources or, arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. Care Coordination is a distinct and comprehensive service. It entails investigating a person's needs and resources, linking the person to a full range of appropriate services, using all available funding sources and monitoring the care provided over an extended period of time.

This new definition more fully defines the term, reflecting that care coordination involves a broad array of services and is not limited to health care.

HIPAA preamble discusses case management in conjunction with disease management, and includes the coordination or management of health care by a health care provider, the care coordination provided under the VDA Service Standard covers a "broad range of services," some of which may or may not include health care coordination. The services coordinated encompass a broad range of social, financial and health care needs. Care coordination services under this contract therefore do not fall within the definition of "disease" or "case management" services under the HIPAA Privacy Rule.

Respite Care Program

VDA has not promulgated any standards for respite care because respite is a concept and not a service. Instead the respite services provided are specifically tailored to meet the needs of each individual and are composed of other services available under the contract. Providers must comply with the specific standards for each type of service provided. For example, the Home Health Service Standard, revised April 2, 2002,⁴ defines home health services as "[p]rovision of intermittent medical care under appropriate medical supervision to acutely or chronically ill homebound older adults. Various rehabilitative therapies, part-time bedside nursing care, and personal care services provided by home health aides may be included." Services provided under this service standard are provided by licensed health care providers or licensed home health agencies. The services are considered treatment under HIPAA and the providers are covered entities under HIPAA. If AASC merely coordinates, arranges or pays for these services under this contract, it is not a health care provider or health plan for the purposes of HIPAA, nor is it a business associate of the home health agency or health care provider. Instead, it is a government benefit program.⁵

Adult Day Care Incentive Grant Program

The Virginia Adult Day Care Incentive Grant Program requires AASC to establish a community task force and encourages AASC to seek licensure from the Virginia Department of Social Services for its adult day care program. An adult day care program is defined in § 63.2-100 as "any facility...that provides supplementary care and protection during only a part of the day to four or more aged, infirm or disabled adults who reside elsewhere..." For the purposes of the Respite Care Grant Program, "adult

⁴ This standard has been revised effective October 1, 2003 and defines home health services similarly as follows: "Home Health services provide intermittent skilled nursing care under appropriate medical supervision to acutely or chronically ill homebound older adults. Various rehabilitative therapies and home health aides providing personal care services are included."

⁵ If, on the other hand, AASC employs health care providers or delivers home health services that are licensed or should be licensed, and bills the Department of Medical Assistance Services or other third party payors for services rendered to individuals, it may be a "health care provider" or "covered entity" under HIPAA. Such does not appear to be the situation under this contract.

day care services" is defined as "the provision of supplementary care and protection during a part of the day only to aged, infirm, or disabled adults. Such services may be in or away from the residence of the aged, infirm, or disabled adult." Va. Code § 2.2-714. Although AASC must complete the UAI that contains health information and may have access to the individual health information of its clients in its adult day care program, it is providing a social service, as distinguished from a health care service, to its clients, and its funding comes from VDA, a government benefits program, and not a health plan.

SCSEP and VICAP Contracts

The SCSEP and VICAP contracts referenced above do not involve the delivery of health care services. The SCSEP contract's primary objectives are to provide needed wages to eligible individuals through employment in service to the community and opportunities for entry/transition of program participants into private or other unsubsidized employment. The VICAP program involves the recruitment, training and supervision of volunteers to counsel older Virginians on insurance benefits and coverage. Although the counseling involved may relate to Medicare, Medicaid and insurance coverage and benefits, the counselors are not delivering a health care service nor do they pay for the cost of health care, as does a health plan.

Conclusion

For the reasons stated above, VDA is not a covered entity under the HIPAA Privacy Rule. It is considered a government benefits program. It is also not a business associate of an area agency on aging because it performs none of those functions or activities identified in the HIPAA Privacy Rule on behalf of AASC, nor does it deliver the listed services to AASC.

The services AASC provides under its contracts with VDA are not health care services or treatment as those terms are defined in the HIPAA Privacy Rule, including care coordination or completion of the UAI. It also does not conduct HIPAA transactions with VDA. Some services that AASC identifies in the UAI, or arranges or pays for delivery, may be provided by health care providers covered under HIPAA. In such a circumstance, AASC is also functioning as a government benefit program with respect to these health care providers, and not as a health plan or business associate of the health care provider. Only if AASC employs staff to deliver health care services directly to clients and bills, or conducts HIPAA transactions with a third party payer for individual services would AASC be a "covered entity" under the HIPAA Privacy Rule.

Jay W. DeBoer
June 30, 2003
Page 8

I hope this information will be of assistance to you. Although this memorandum is protected by the Attorney/Client Privilege, you may want to waive the privilege and share this information with AASC and other Area Agencies on Aging.

If you have any questions, please give me a call at 786-1927.

cc: Dana Martin Johnson
Allyson Tysinger

JDH\HIPAA\VDACoverage.doc(spp)

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: July 17, 2003

SUBJECT: Federal NAPIS-SPR Public Comment

On Monday, June 2, 2003, the Administration on Aging (AoA) placed notice in the Federal Register to seeking comments on the revised NAPIS-SPR report. Attached are the comments made by the Department for the Aging.

AoA is accepting comments through August 1, 2003. They should be sent to:

Attention SPR Comments
Administration on Aging
Office of Evaluation
Washington, DC 20201

If you have any questions, please call me at (804) 662-9309.

July 22, 2003

Mr. Frank Burns
NAPIS Redesign Coordinator
US Administration on Aging
Cohen Bldg., Room 4737 North
330 Independence Ave., SW
Washington DC 20201

RE: Virginia Department for the Aging's Comments on "Reporting Requirements for Title III and VII of the Older Americans Act, (June 2, 2003 draft)"

Dear Mr. Burns:

The Virginia Department for the Aging (VDA) has reviewed the June 2, 2003 draft of the Reporting Requirements for Title III and VII. Along with this detailed summary of our comments, is a color-highlighted annotated edit version of the reporting requirements to assist AoA staff in understanding our comments.

General Process Comments:

1. VDA sees the development of a caregiver tracking and reporting system as problematic for two reasons. The specified collection of caregiver information is an invasion of the caregivers' privacy. The requirement to collect this information will create a major systems conversion and training burden on the AAA network.
2. AoA expressed a need to revise the NAPIS report with the adoption of the 2000 amendments to the Older Americans Act. The process began with the formation of a NAPIS Advisory Committee. This committee consisted of AoA representatives, state units on aging, area agencies on aging, and providers. VDA is concerned that the recommendations made by the NAPIS Advisory Committee were not incorporated into the NAPIS reporting form issued in June 2002.

3. The June 2, 2003 reporting form distributed by AoA for review was made available electronically in both Microsoft Word and Adobe Acrobat. VDA noted that the electronic format and content of the two copies of the report are inconsistent.

Detailed Document Comments: (page number references relate to enclosed highlighted and annotated review draft).

1. Page 2 – Section I.B. Capitalize “Those” for consistency.
2. Page 2 – Section I. F. Remove redundant reference to III-E.
3. Page 2 – Section II.A. Capitalize “Except” for consistency.
4. Page 2 – Section II.D. Remove “and Chapter 5. Benefits Access Counseling”. Chapter 5 was deleted in the 2000 reauthorization of the Older Americans Act.
5. Page 2 – Section III.C. Capitalize “Excluding” for consistency.
6. Page 4 – Section I.B.
 - a. Add “Age Data Missing” and “Under Age 60” columns under “Age of Client” Heading to provide a comprehensive breakdown of information collected and reported on client population.
 - b. VDA notes that “Total-All Ages” must be greater than the sum of the 3 age groups listed in the table, since “Missing Age Data” is unspecified but implied in the total. If this is not the intention, the form needs to be adjusted.
 - c. The term “White (Alone) – Hispanic” is undefined. VDA believes implementing the “White (Alone) – Hispanic” reporting specification is incomplete without also asking for “White (Alone) – NonHispanic” and grouping “White (Alone) – Hispanic” under a “Total Minorities” group sub-total row. Census specifications allow for all single race groups with Hispanic and Non-Hispanic breakdowns.
7. Page 5 – Section I. C.
 - a. There is a need to clarify the “ADLs Missing” row. Does it refer to “missing responses to all 7 ADL screening questions” or “missing a response to any of the 7 ADL questions”?
 - b. “Live Alone” and “Live Alone Missing” rows are missing items in the table which are important client attributes useful for the proper targeting of services to needy clients. These items were in the original AoA review draft.

- c. VDA notes that “Total-All Ages” must be greater than the sum of the three age groups listed in the table, since “Missing Age Data” is unspecified but implied in the total. If this is not the intention, the form needs to be adjusted.
- d. The term “White (Alone) – Hispanic” is undefined. See Detailed Comment 6.c. above.

8. Page 6 – Section I. D.

- a. Change Table heading from “ADL” to IADL”
- b. The term “White (Alone) – Hispanic” is undefined. See Detailed Comment 6.c. above.
- c. Does “IADLs Missing” row refer to “missing responses to all IADL screening questions” or “missing a response to any of the IADL questions”?
- d. “Live Alone” and “Live Alone Missing” rows are missing items in the table which are important client attributes useful for the proper targeting of services to needy clients. These items were in the original AoA review draft.

9. Page 7 – Section I.E.

- a. Add “Age Missing” column under “Age of Caregiver” section of table.
- b. The term “White (Alone) – Hispanic” is undefined. See Detailed Comment 6.c. above.
- c. “Live Alone” and “Live Alone Missing” rows are missing items in the table which are important client attributes useful for the proper targeting of services to needy clients. These items were in the original AoA review draft.
- d. April 10, 2003 review draft had an error of displaying duplicate “Care Recipients Below Poverty Level” instead of “Care Recipients-Poverty Status Missing”. The final review draft mistakenly omits the erroneously duplicated rather than re-inserting the “Care Recipients-Poverty Status Missing” line that was previously omitted.

10. Page 8 – Section I.F.

- a. Modify sub-section to read: “Summary Characteristics of Grandparents and Other Elderly Caregivers Serving Children” (**emphasis added for inserted text**)

- b. Add “Age Missing” column under “Age of Caregiver” section of table.
- c. The term “White (Alone) – Hispanic” is undefined. See Detailed Comment 6.c. above.

11. Page 9 – Section II.A.

- a. If this Table is intended to display expenditure data as stated in the Title, why is “Program Income” included when the definitions section clearly states that the definition of “Program Income” is: “Gross income **received** by the grantee...”?
- b. Cells under columns for Title III Expenditures, Section B, C1, C2 and D should be shaded based on statutory prohibition for expending federal funding on ineligible services.
- c. Supplying a Total (Unduplicated) count of Service Providers on a statewide basis requires the establishment of a separate tracking system to avoid reporting duplicate providers.
- d. Is the Title III-D column intended for reporting the new III-D “Preventive Health” program expenditures or the old Title III-D “Home Services” expenditures?

12. Page 10 – Section II.B.

- a. If this Table is intended to display expenditure data as stated in the Title, why is “Program Income” included when the definitions section clearly states that the definition of “Program Income” is: “Gross income **received** by the grantee...”?
- b. Use of the term “Cluster” in this table is confusing with the definition of “Cluster” under Title III-B. VDA recommends substituting the term “Group” for “Cluster” to avoid confusion with use of the term “Cluster” in the Title III-B context.
- c. Column 2 heading should be changed to add “(Federal \$)” for clarification and to avoid inclusion of state and private funds expended on activities listed.
- d. In order to allow adequate time for phased implementation of tracking systems to collect and report Caregiver data, VDA recommends requiring only Summary-level data submission on this Table in FY 2004, and adding detail level reporting in FY 2005.
- e. The focus of NAPIS has been client-level tracking and reporting. The specification of reporting “Estimated Audience Size” for “Group 2, Information

Services” on an aggregated audience basis is inconsistent with established tracking and reporting procedures.

- f. The specification of reporting a sub-total for sub-group #5 (Access Assistance) doesn’t make sense when only some of the enumerated services listed in this sub-group are to be reported.

13. Page 11 – Section II.C

- a. VDA wishes to confirm our understanding that Section II.C. is **NOT** a subset report of Section II.B
- b. If this Table is intended to display expenditure data as stated in the Title, why is “Program Income” included when the definitions section clearly states that the definition of “Program Income” is: “Gross income **received** by the grantee...”?
- c. Use of the term “Cluster” in this table is confusing with the definition of “Cluster” under Title III-B. VDA recommends substituting the term “Group” for “Cluster” to avoid confusion with use of the term “Cluster” in the Title III-B context.
- d. Column 2 heading should be changed to add “(Federal \$)” for clarification and to avoid inclusion of state and private funds expended on activities listed.
- e. The specification of reporting a sub-total for sub-group #5 (Access Assistance) doesn’t make sense when only some of the enumerated services listed in this sub-group are to be reported.
- f. The focus of NAPIS has been client-level tracking and reporting. The specification of reporting “Estimated Audience Size” for “Group 2, Information Services” on an aggregated audience basis is inconsistent with established tracking and reporting procedures.
- g. Review drafts distributed by AoA are inconsistent in display of reporting specification for “Information & Assistance” under Column 5, “# of Caregivers Served (Cluster 1: Unduplicated/Cluster 2: Estimated Unduplicated)”.

14. Page 12 – Section II.D.

- a. Inclusion of “Chapter 4: Legal Assistance Development” in this table specification doesn’t make sense since this activity was not funded by Congress.

15. Pages 13 – 14 No comments

16. Page 15 – Section III.B. AAA Profile

- a. VDA urges AoA to consider requiring reporting “Volunteer” persons, rather than FTEs, due to the absence of a routine time-keeping procedure among local AAAs that use volunteers.

17. Page 16 – Section III. C. Provider Profile

- a. The program definition for Volunteer” is: “Volunteer – An uncompensated individual who provides services or support on behalf of older individuals. **Only staff working under the AAA, not the AAA contractors, shall be included.” (emphasis added)** Since the Table heading limits this section to non-AAA providers and the definition explicitly applies the term “volunteer” to “staff working under the AAA, not the AAA contractors,” VDA recommends deletion of the “Total # of Volunteers” since by definition volunteers working for non-AAA contractors are not considered “volunteers”.

18. Page 17 – No Comment.

19. Page 18 – Section IV. a. (sic) Change to Section IV. A.

20. Page 19 – No Comment.

21. Pages 20 – 24 – Appendix

- a. Page 20 – Add “Race (Alone)” to list of defined terms to address numerous instances of “White (Alone)” and other enumerated races (Alone) that appear throughout the NAPIS report table specifications.
- b. Page 20 – For clarification, the categorization of “white” Australian, New Zealander and South African respondents need to be clarified, inasmuch as they are not enumerated among the countries of origin for racial definition unless their ancestors of European descent are considered.
- c. Page 22 – Supplied definition of High Nutritional Risk is inconsistent with Nutritional Risk checklist criterion.

Revise definition to read: “**High Nutrition Risk** (persons) – An individual who scores ~~higher than 6~~ **six (6) or more** on the ‘DETERMINE Your Nutrition Risk’ checklist published by the Nutrition Risk Screening”

Mr. Frank Burns

July 22, 2003

Page 7

Thank you for the opportunity to make comments. VDA believes the inclusion of these changes would make the reporting document and/or interpretation of its data more meaningful.

Sincerely,

Jay W. DeBoer, Commissioner
Virginia Department for the Aging

CC: Legan Wong, AoA Region II Office

Reporting Requirements For Title III and VII

**Of the Older Americans Act
(Not including LTC Ombudsman Program)
For FY '04 and Subsequent Years**

Title III and VII State Program Report Data Elements
State Program Report Transmittal Requirements
State Program Report Definitions

**Virginia Dept for the Aging (VDA) Final Review Comments
July 8, 2003**

**Administration on Aging
U.S. Department of Health and Human Services
June 2, 2003**

General Review Comments:

VDA noted that the format and content of the final review drafts distributed under alternative Word document and Adobe Acrobat pdf formats were inconsistent both in terms of content and format. These inconsistencies were confusing inasmuch as VDA reviewers did not use the same review document and when comments were compared, we noted the inconsistencies.

Overview of Title III and VII State Performance Reporting Requirements

In the 2000 reauthorization of the Older Americans Act, the Administration on Aging (AoA) was instructed to use, to the maximum extent possible, the data collected by State agencies, area agencies on aging, and service providers through the National Aging Program Information System (NAPIS) and other applicable sources of information in the development of performance measures, and in compliance with the Government Performance and Results Act of 1993.

The Assistant Secretary for Aging was also instructed to annually report to the President and to the Congress on the activities carried out under the Older Americans Act. This report includes (section 207 (3)) *statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairments).*

As a response to these mandates, AoA is issuing revised reporting guidelines for Titles III and VII. These OMB approved reporting requirements are a revision of those which are currently in effect. The factors which influenced the revision of the SPR, include: 1) the need to develop more permanent information requirements for the National Family Caregiver Support Program; 2) the need to comply with revised OMB standards for gathering information regarding race and ethnicity; 3) the need to reduce the burden of the SPR/NAPIS requirements on States, area agencies and service providers; and 4) the need to consider the collection of alternative data elements to reflect Network performance.

This document summarizes the requirements for the State Program Performance Report (SPR) for Titles III and VII for fiscal year 2004 (FY04) and subsequent years by all State units on aging. The sections of the SPR include:

Section I. Elderly Clients and Caregivers

- A. Elderly Client Counts
- B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services (FY05 Implementation)
- C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services (FY05 Implementation)
- D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services (FY05 Implementation)
- E. Summary Characteristics of Caregivers Serving Elderly Individuals (National Family Caregiver Support Program – Title III-E) (FY05 Implementation)
- F. Summary Characteristics of Grandparents and Other Elderly Caregivers Serving Children (National Family Caregiver Support Program – Title III-E ~~III-E~~) (FY05 Implementation)

Section II. Utilization and Expenditure Profiles

- A. Title III Utilization and Expenditure Profile (Except Title III-E)
- B. Title III-E Utilization and Expenditure Profile For Caregivers Serving Elderly Individuals
- C. Title III-E Utilization and Expenditure Profile For Grandparents and Other Elderly Caregivers Serving Children
- D. Title VII Expenditures by Chapter (Except Chapter 2. Ombudsman and Chapter 5. Benefits Access Counseling)
- E. Other Services Profile (Optional)

VDA Note: Chapter 5 was deleted when the Older Americans Act was reauthorized in 2000

Section III. Network Profiles

- A. State Unit on Aging Staffing Profile
- B. Area Agency on Aging Staffing Profile
- C. Provider Profile (Excluding AAAs providing direct services)
- D. Profile of Community Focal Points and Senior Centers

Section IV. Developmental Accomplishments

- A. For Home and Community Based Programs
- B. For A System of Elder Rights

On the following pages, the SPR format is exhibited through a series of data tables corresponding with the sections of the SPR listed above. The tables are for presentation purposes only. AoA will continue to require electronic transmittal of the annual SPR data. The feasibility of internet based reporting is also being considered.

SECTION I. Elderly Clients and Caregivers

A. Elderly Client Counts

State ID: _____
Fiscal Year: _____

| | Total |
|---|-------|
| 1. Unduplicated Count of Persons Served For Registered Services Supported by the OAA Title III | |
| 2. Estimated* Unduplicated Count of Persons Served For Unregistered Services Supported by the OAA Title III | |
| 3. Total Estimated Unduplicated Count of Persons Served Through Services Supported by OAA Title III | |

* There is no prescribed method for developing this estimate.

SECTION I. Elderly Clients and Caregivers

B. General Characteristics of Elderly Clients Receiving Registered Services and Those Receiving Cluster 2 Registered Services (FY05 Implementation)

State ID: _____ Fiscal Year: _____

___ Total Registered Clients ___ Congregate Meals ___ Nutrition Counseling ___ Assisted Transportation

| | Clients Receiving Registered Services* | | | | | | |
|---|--|---------------------------------|------------------|--------------|-------|-------|-----|
| | Total | With Income Below Poverty | Age of Client | | | | |
| | | | Age Data Missing | Under Age 60 | 60-74 | 75-84 | 85+ |
| Total Clients | | | | | | | |
| Total with Age Reported | | | | | | | |
| Age Missing | | | | | | | |
| Female | | | | | | | |
| Male | | | | | | | |
| Gender Missing | | | | | | | |
| Rural Clients | | | | | | | |
| Rural Missing | | | | | | | |
| Poverty Missing | | | | | | | |
| Live Alone | | | | | | | |
| Live Alone Missing | | | | | | | |
| Clients By Ethnicity | | | | | | | |
| Hispanic or Latino | | | | | | | |
| Not Hispanic or Latino | | | | | | | |
| Ethnicity Missing | | | | | | | |
| Clients By Race or Ethnicity | | | | | | | |
| White (Alone) – Non-Hispanic | | | | | | | |
| Total Minorities | | | | | | | |
| White (Alone) - Hispanic | | | | | | | |
| American Indian or Alaska Native (Alone)** | | | | | | | |
| Asian (Alone) | | | | | | | |
| Black or African American (Alone) | | | | | | | |
| Native Hawaiian or Other Pacific Islander (Alone) | | | | | | | |
| Persons Reporting Some Other Race | | | | | | | |
| Persons Reporting 2 or More Races | | | | | | | |
| Race Missing | | | | | | | |

NOTE: States are no longer required to report Unduplicated Client Counts By Characteristic for Unregistered Services. States are required to report unduplicated client counts by characteristic for all registered services. Registered services include: Personal Care, Homemaker, Chore, Home Delivered Meals, Adult Day Care/Health, Case Management, Assisted Transportation, Congregate Meals, and Nutrition Counseling. * Total clients includes OAA specified eligible meal participants under age 60.

***"(Alone)" means that the individual only designated one race category.

VDA Comments:

1. The "Total-All Ages" must be greater than the sum of 3 age groups listed, since "Missing Age Data" is unspecified but implied in the total.
2. What does "White (Alone- Hispanic)" mean. Race alone is an undefined term. Changes under revised "Client by Race & Ethnicity" added for clarification and consistency with census classifications.

SECTION I. Elderly Clients and Caregivers

C. Detailed ADL Characteristics of Elderly Clients Receiving Cluster 1 Services (FY05 Implementation)

(Report information for all Cluster 1 services combined and each service separately.)

_____ Total Cluster 1 Clients _____ Personal Care _____ Homemaker _____ Case Management
 _____ Chore _____ Home Delivered Meals _____ Adult Day Care/Health

| ADL SUMMARY FOR | | Total – All Ages* (See VDA Comment below) | | | | | Total Age 60-74 | | | | | Total Age 75-84 | | | | | Total Age 85+ | | | | |
|---|-------|--|-------|-------|--------|--|-----------------|-------|-------|-------|--------|-----------------|-------|-------|-------|--------|---------------|-------|-------|-------|--------|
| | Total | 0 ADL | 1 ADL | 2 ADL | 3+ ADL | | Total | 0 ADL | 1 ADL | 2 ADL | 3+ ADL | Total | 0 ADL | 1 ADL | 2 ADL | 3+ ADL | Total | 0 ADL | 1 ADL | 2 ADL | 3+ ADL |
| Total Clients | | | | | | | | | | | | | | | | | | | | | |
| Clients with Age Data | | | | | | | | | | | | | | | | | | | | | |
| Age Missing | | | | | | | | | | | | | | | | | | | | | |
| ADLs Missing | | | | | | | | | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | | | | | | | | |
| Gender Missing | | | | | | | | | | | | | | | | | | | | | |
| Rural | | | | | | | | | | | | | | | | | | | | | |
| Rural Missing | | | | | | | | | | | | | | | | | | | | | |
| Income below Poverty Level | | | | | | | | | | | | | | | | | | | | | |
| Poverty Missing | | | | | | | | | | | | | | | | | | | | | |
| Clients by Ethnicity | | | | | | | | | | | | | | | | | | | | | |
| Hispanic / Latino | | | | | | | | | | | | | | | | | | | | | |
| Not Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity Missing | | | | | | | | | | | | | | | | | | | | | |
| Clients by Race & Ethnicity | | | | | | | | | | | | | | | | | | | | | |
| White (Alone) – NonHispanic | | | | | | | | | | | | | | | | | | | | | |
| Total Minorities | | | | | | | | | | | | | | | | | | | | | |
| White (Alone) – Hispanic | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native (Alone) | | | | | | | | | | | | | | | | | | | | | |
| Asian (Alone) | | | | | | | | | | | | | | | | | | | | | |
| Black / African American (Alone) | | | | | | | | | | | | | | | | | | | | | |
| Native Hawaiian or Pacific Islander (Alone) | | | | | | | | | | | | | | | | | | | | | |
| Persons Reporting Some Other Race | | | | | | | | | | | | | | | | | | | | | |
| Persons Reporting 2 or More Races | | | | | | | | | | | | | | | | | | | | | |
| Race Missing | | | | | | | | | | | | | | | | | | | | | |

* Total includes OAA specified eligible meal participants under age 60.

VDA Comments:

1. The "Total-All Ages" must be greater than the sum of 3 age groups listed, since "Missing Age Data" is unspecified but implied in the total.
2. Does "ADL Missing" mean "missing response to all 7 ADL questions" or "missing a response to any one of the ADL questions"?
3. "Live Alone" & "Live Alone Missing" are client attributes omitted from table that are important to the proper targeting of services to needy clients. This has been dropped since the first review draft.
4. What does "White (Alone) - Hispanic" mean. Race (alone) is an undefined term. Changes under revised "Client by Race & Ethnicity" added for clarification and consistency with census classifications.

SECTION I. Elderly Clients and Caregivers

D. Detailed IADL Characteristics of Elderly Clients Receiving Cluster 1 Services (FY05 Implementation)

(Report information for all Cluster 1 services combined and each service separately.)

_____ Total Cluster 1 Clients
_____ Chore

_____ Personal Care
_____ Home Delivered Meals

_____ Homemaker
_____ Adult Day Care/Health

_____ Case Management

| IADL SUMMARY FOR | Total – All Ages* | | | | | Total Age 60-74 | | | | | Total Age 75-84 | | | | | Total Age 85+ | | | | |
|---|-------------------|--------|--------|--------|---------|-----------------|--------|--------|--------|---------|-----------------|--------|--------|--------|---------|---------------|--------|--------|--------|---------|
| | Total | 0 IADL | 1 IADL | 2 IADL | 3+ IADL | Total | 0 IADL | 1 IADL | 2 IADL | 3+ IADL | Total | 0 IADL | 1 IADL | 2 IADL | 3+ IADL | Total | 0 IADL | 1 IADL | 2 IADL | 3+ IADL |
| Total Clients | | | | | | | | | | | | | | | | | | | | |
| Clients with Age Data | | | | | | | | | | | | | | | | | | | | |
| Age Missing | | | | | | | | | | | | | | | | | | | | |
| IADLs Missing | | | | | | | | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | | | | | | | |
| Gender Missing | | | | | | | | | | | | | | | | | | | | |
| Rural | | | | | | | | | | | | | | | | | | | | |
| Rural Missing | | | | | | | | | | | | | | | | | | | | |
| Income below Poverty Level | | | | | | | | | | | | | | | | | | | | |
| Poverty Missing | | | | | | | | | | | | | | | | | | | | |
| Clients by Ethnicity | | | | | | | | | | | | | | | | | | | | |
| Hispanic / Latino | | | | | | | | | | | | | | | | | | | | |
| Not Hispanic or Latino | | | | | | | | | | | | | | | | | | | | |
| Ethnicity Missing | | | | | | | | | | | | | | | | | | | | |
| Clients by Race & Ethnicity | | | | | | | | | | | | | | | | | | | | |
| White (Alone) – Non-Hispanic | | | | | | | | | | | | | | | | | | | | |
| Total Minorities | | | | | | | | | | | | | | | | | | | | |
| White (Alone) - Hispanic | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native (Alone)* | | | | | | | | | | | | | | | | | | | | |
| Asian (Alone) | | | | | | | | | | | | | | | | | | | | |
| Black / African American (Alone) | | | | | | | | | | | | | | | | | | | | |
| Native Hawaiian or Pacific Islander (Alone) | | | | | | | | | | | | | | | | | | | | |
| Persons Reporting Some Other Race | | | | | | | | | | | | | | | | | | | | |
| Persons Reporting 2 or More Races | | | | | | | | | | | | | | | | | | | | |
| Race Missing | | | | | | | | | | | | | | | | | | | | |

* Total includes OAA specified eligible meal participants under age 60.

VDA Comments:

1. The "Total-All Ages" must be greater than the sum of 3 age groups listed, since "Missing Age Data" is unspecified but implied in the total.
2. Does "IADL Missing" mean "missing response to all IADL questions" or "missing a response to any one of the IADL questions"?
3. "Live Alone" & "Live Alone Missing" are client attributes omitted from table that are important to the proper targeting of services to needy clients. This has been dropped since the first review draft.
4. What does "White (Alone)- Hispanic" mean? Race (alone) is an undefined term. Changes under revised "Client by Race & Ethnicity" added for clarification and consistency with census classifications.

Section I. Elderly Clients and Caregivers

E. Summary Characteristics of Caregivers Serving Elderly Individuals (National Family Caregiver Support Program - Title III-E)

Note: Data is for Title III-E Cluster 1 Services only – See Section II-C for specifics.

(FY05 Implementation)

State ID: _____ Fiscal Year: _____

| Caregiver Characteristics | All Caregivers | Age of the Caregiver | | | | |
|---|----------------|----------------------|----------|-----------|-----------|----------|
| | | Age Missing | Under 60 | Age 60-74 | Age 75-84 | Age 85 + |
| Total Caregivers | | | | | | |
| Caregivers with Age Data | | | | | | |
| Age Missing | | | | | | |
| Female | | | | | | |
| Male | | | | | | |
| Gender Missing | | | | | | |
| Rural | | | | | | |
| Rural Missing | | | | | | |
| Caregivers by Ethnicity | | | | | | |
| Hispanic or Latino | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| White (Alone)- Non-Hispanic | | | | | | |
| TOTAL MINORITIES | | | | | | |
| White (Alone) - Hispanic | | | | | | |
| Am. Ind./Alaska Native (Alone) | | | | | | |
| Asian (Alone) | | | | | | |
| Black or African American (alone) | | | | | | |
| Native Hawaiian or Other Pacific Islander (Alone) | | | | | | |
| Persons Reporting Some Other Race | | | | | | |
| Persons Reporting 2 or More Races | | | | | | |
| Race Missing | | | | | | |
| Caregivers by Relationship | | | | | | |
| Husband | | | | | | |
| Wife | | | | | | |
| Son | | | | | | |
| Daughter | | | | | | |
| Other Relative | | | | | | |
| Non-Relative | | | | | | |
| Relationship Missing | | | | | | |
| Care Recipients | | | | | | |
| Total Care Recipients | | | | | | |
| Care Recipients Live Alone | | | | | | |
| Care Recipients Live Alone Missing | | | | | | |
| Care Recipients Below Poverty Level | | | | | | |
| Care Recipients Below Poverty Level Missing | | | | | | |

VDA Comments:

1. April 10, 2003 review draft had an error of displaying duplicate "Care Recipients Below Poverty Level" instead of "Care Recipients-Poverty Status Missing" which has been omitted from this table which VDA believes was originally intended.
2. "Live Alone" & "Live Alone Missing" are client attributes omitted from table that are important to the proper targeting of services to needy clients
3. What does "White (Alone)- Hispanic" mean? Race (alone) is an undefined term. Changes under revised "Client by Race & Ethnicity" added for clarification and consistency with census classifications.

SECTION I. Elderly Clients and Caregivers

F. Summary Characteristics of Grandparents and Other Elderly Caregivers **Serving** Children

(National Family Caregiver Support Program - Title III-E)

(FY05 Implementation)

Note: Data is for Title III-E Cluster 1 Services only – See Section II-C for specifics.

| Grandparent/Relative Caregiver Characteristics | All Caregivers | Age of the Caregiver | | | |
|---|----------------|----------------------|-------|-------|-----|
| | | Age of the Caregiver | | | |
| | | Age Missing | 60-74 | 75-84 | 85+ |
| Total Caregivers | | | | | |
| Caregivers with Age | | | | | |
| Age Missing | | | | | |
| Female | | | | | |
| Male | | | | | |
| Gender Missing | | | | | |
| Rural | | | | | |
| Rural Missing | | | | | |
| Caregivers by Ethnicity | | | | | |
| Hispanic or Latino | | | | | |
| Not Hispanic or Latino | | | | | |
| Ethnicity Missing | | | | | |
| Caregivers by Race and Ethnicity | | | | | |
| White (Alone) - NonHispanic | | | | | |
| Total Minorities | | | | | |
| White (Alone) - Hispanic | | | | | |
| American Indian/Alaska Native (Alone) | | | | | |
| Asian (Alone) | | | | | |
| Black or African American (Alone) | | | | | |
| Native Hawaiian or Other Pacific Islander (Alone) | | | | | |
| Persons Reporting Some Other Race | | | | | |
| Persons Reporting Two or More Races | | | | | |
| Race Missing | | | | | |
| Caregivers By Relationship | | | | | |
| Grandparents | | | | | |
| Other Elderly Relative | | | | | |
| Other Elderly Non-Relative | | | | | |
| Relationship Missing | | | | | |
| Total Individuals Receiving Care (children under 18) | | | | | |

VDA Comments:

1. What does "White (Alone) - Hispanic" mean? Race (alone) is an undefined term. Changes under revised "Client by Race & Ethnicity" added for clarification and consistency with census classifications.

SECTION II. Utilization and Expenditure Profiles

A. Title III Utilization and Expenditure Profile (Except Title III-E)

State ID____ Fiscal Year: _____

| | | | | | | | | | OAA Title III Expenditures (\$ by Part | | | |
|---|---------------------|-------------------------------------|-----------------------------|--|---------------|-----------------------|---------------------------|-----------------|--|----|----|---|
| For Selected Services | Number of Providers | # of AAAs Direct Services Provision | Unduplicated Persons Served | # of Persons Served at High Nutrition Risk | Service Units | Title III Expenditure | Total Service Expenditure | Program Income* | B | C1 | C2 | D |
| Cluster 1: Registered Services - Requiring Detailed Client Profile | | | | | | | | | | | | |
| 1. Personal Care | | | | | | | | | | | | |
| 2. Homemaker | | | | | | | | | | | | |
| 3. Chore | | | | | | | | | | | | |
| 4. Home Delivered Meals | | | | | | | | | | | | |
| 4a. NSIP Home Delivered Meals* | | | | | | | | | | | | |
| 5. Adult Day Care/Health | | | | | | | | | | | | |
| 6. Case Management | | | | | | | | | | | | |
| Cluster 2: Registered Services - Requiring Summary Client Profile | | | | | | | | | | | | |
| 7. Assisted Transportation | | | | | | | | | | | | |
| 8. Congregate Meals | | | | | | | | | | | | |
| 8a. NSIP Congregate Meals* | | | | | | | | | | | | |
| 9. Nutrition Counseling | | | | | | | | | | | | |
| Cluster 3: Non-Registered Services – No Client Profile Required | | | | | | | | | | | | |
| 10. Transportation | | | | | | | | | | | | |
| 11. Legal Assistance | | | | | | | | | | | | |
| 12. Nutrition Education | | | | | | | | | | | | |
| 13. Information and Assistance | | | | | | | | | | | | |
| 14. Outreach | | | | | | | | | | | | |
| 15. Other Services | | | | | | | | | | | | |
| Total (Unduplicated) | | | | | | | | | | | | |

VDA Comments:

1. If this Table is intended to display expenditure data as stated in the Title, why is "Program Income" included when the definitions section clearly states the definition of "Program Income" is: "Gross income received by the grantee..."?
2. Cells under Columns for Title III, Section B, C1, C2 and D should be shaded based on statutory prohibition for expending federal funding on ineligible services.
3. Supplying a Total (Unduplicated) count of Service Providers on a statewide basis requires the establishment of a separate tracking system to avoid reporting duplicate providers.
4. Is the Title III-D column for reporting new III-D Preventive Health expenditures or old III-D In-Home Services expenditures?

Note: States are to report Title III-E in the next table: Section II. B-Title III-E Caregiver Utilization and Expenditure Profile

* See definition in the Appendix.

Section II. Utilization and Expenditure Profiles

B. Title III-E Utilization and **Expenditure** Profile for Caregivers Serving Elderly Individuals

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures | Program Income | # Caregivers Served (Cluster 1: unduplicated/ Cluster 2 estimated unduplicated) | Units of Service | # of Providers (unduplicated) |
|--|---------------------------------------|----------------------------|----------------|---|------------------|-------------------------------|
| Cluster 1 GROUP 1 | | | | | | |
| 1. Counseling | | | | | | |
| Individual Counseling | | | | | | |
| Support Groups | | | | | | |
| Caregiver Training | | | | | | |
| Other | | | | | | |
| 2. Respite Care | | | | | | |
| In-home respite (includes Personal Care, Homemaker, and other in-home respite) | | | | | | |
| Adult Day Care/Senior Center respite | | | | | | |
| Institutional Respite | | | | | | |
| Direct Payments for respite (if not included elsewhere) | | | | | | |
| Other respite | | | | | | |
| 3. Supplemental Services (specify:) | | | | | | |
| | | | | | | |
| | | | | | | |
| Cluster 2 GROUP 2 | | | | Estimated Audience size: | | |
| 4. Information Services | | | | See Comment 5 below. | | |
| | | | | Estimated Unduplicated: | | |
| 5. Access Assistance | | | | See Comment 6 below. | | |
| Information & Assistance | | | | | | |
| Case Management | | | | | | |
| Outreach | | | | | | |
| Transportation | | | | | | |
| Assisted Transportation | | | | | | |
| Other | | | | | | |
| Totals (unduplicated) | | | | | | |

VDA Comments:

1. If this Table is intended to display expenditure data as stated in the Title, why is "Program Income" included when the definitions section clearly states the definition of "Program Income" is: "Gross income received by the grantee..."?
2. Use of the term "Cluster" here is confusing with the definition of "Cluster" under Title III-B. VDA recommends changing sub-Heading descriptions from "CLUSTER" to GROUP" to avoid confusion with use of the term Cluster under Title III-B..
3. Column 2 heading has been changed to add "(Federal \$)" for clarification.
4. In order to allow time for phased implementation of tracking systems for Caregiver data, VDA recommends requiring Summary level data submission in FY2004 for this section, and detail level reporting in FY 2005.
5. The focus of NAPIS has been client-level tracking. The Group 2 specification to report "Information Services"-oriented activities on an aggregated audience basis is inconsistent with established tracking and reporting procedures.
6. A sub-total for this sub-group doesn't make sense with only some some services in the sub-group to be reported.

Section II. Utilization and Expenditure Profiles

C. Title III-E Utilization and Expenditure Profile For Grandparents and Other Elderly Caregivers Serving Children

| Caregiver Support Areas: | Title III-E Expenditures (Federal \$) | Total Service Expenditures | Program Income | # of Caregivers Served (Cluster 1: unduplicated/ Cluster 2 estimated unduplicated) | Units of Service | # of Providers (unduplicated) |
|--|---------------------------------------|----------------------------|----------------|--|------------------|-------------------------------|
| Cluster 1 GROUP 1 | | | | | | |
| 1. Counseling | | | | | | |
| Individual Counseling | | | | | | |
| Support Groups | | | | | | |
| Caregiver Training | | | | | | |
| 2. Respite Care | | | | | | |
| 3. Supplemental Services (specify:) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Cluster 2 GROUP 2 | | | | | | |
| | | | | Estimated Audience size: | | |
| 4. Information Services | | | | See Comment 5 below | | |
| | | | | Estimated Unduplicated: | | |
| 5. Access Assistance | | | | See Comment 6 below | | |
| Information & Assistance | | | | See Comment 7 below | | |
| Case Management | | | | | | |
| Outreach | | | | | | |
| Transportation | | | | | | |
| Assisted Transportation | | | | | | |
| Other | | | | | | |
| Totals (unduplicated) | | | | | | |

VDA Comments:

1. VDA wishes to confirm our understanding that Section II.C. is **NOT** a subset of Section II.B.
2. Use of the term "Cluster" here is confusing with the definition of "Cluster" under Title III-B. VDA recommends changing sub-heading descriptions from "CLUSTER" to "GROUP" to avoid confusion with use of the term "Cluster" under Title III-B.
3. If this Table is intended to display expenditure data as stated in the Title, why is "Program Income" included when the definitions section clearly states the definition of "Program Income" is: "Gross income received by the grantee..."?
4. Under "Cluster or Group 2" the specification of reporting the "Estimated Audience Size" is the first instance of tracking group clients, rather than individual clients as required universally under NAPIS.
5. The focus of NAPIS has been client-level tracking. The Group 2 specification to report "Information Services"-oriented activities on an aggregated audience basis is inconsistent with established tracking and reporting procedures.
6. A sub-total for this sub-group doesn't make sense with only some services in the sub-group to be reported.
7. This cell is shaded in the Word-format review draft and unshaded in the pdf-format review draft. Should this be reported or not?

SECTION II. Utilization and Expenditure Profiles

D. Title VII Expenditures by Chapter

| C. Title VII Expenditures By Chapter | Title VII Expenditure | Total Service Expenditure |
|---|-----------------------|---------------------------|
| Chapter 3: Elder Abuse Prevention | | |
| Chapter 4: Legal Assistance Development | | |

Note: OAA Title VII, Chapter 2, Ombudsman expenditures are reported separately in the National Ombudsman Reporting System (NORS).

VDA Comment:

1. Since Title VII, Chapter 4 (Legal Assistance Development) has never been funded by Congress, why include in this table specification?

SECTION II. Utilization and Expenditures Profiles

E. Other Services Profile *(Optional)*

State ID: _____

Fiscal Year: _____

| Service Name (Up to 30 Characters) | Service Unit Name (Up to 15 characters) | Mission/ Purpose Category | OAA Service Expenditure Amount | Total Service Expenditure Amount | Estimated Unduplicated Persons Served | Estimated Service Units |
|---------------------------------------|--|---------------------------------|---|--|--|----------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | | | | | | |
| 22. | | | | | | |
| 23. | | | | | | |
| 24. | | | | | | |
| 25. | | | | | | |

Mission/Purpose Codes:

- A. Services which address functional limitations
- B. Services which maintain health
- C. Services which protect elder rights
- D. Services which promote socialization/participation
- E. Services which assure access and coordination
- F. Services which support other goals/outcomes

There are no restrictions on the number of “other” services that may be reported.

For each “other” service being reported, please provide all the data elements—name, unit name, mission code, expenditure data, persons served, and service units.

SECTION III. Network Profiles

A. State Unit on Aging Staffing Profile

State ID: _____

Fiscal Year: _____

| SUA Personnel Categories | Total FTEs | Minority FTEs |
|--|------------|---------------|
| 1. Agency Executive/ Management Staff | | |
| 2. Other Paid Professional Staff (By Functional Responsibility) | | |
| A. Planning | | |
| B. Development | | |
| C. Administration | | |
| D. Service Delivery | | |
| E. Access/Care Coordination | | |
| F. Other | | |
| 3. Clerical/Support Staff | | |
| 4. Total SUA Staff | | |

Functional Responsibilities:

| |
|---|
| A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis. |
| B. Development—Includes public education, resource development, training and education, research and development and legislative activities. |
| C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance. |
| D. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R. |
| E. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver. |

SECTION III. Network Profiles

B. Area Agency on Aging Staffing Profile

State ID: _____ Fiscal Year: _____ Total # of AAA's _____

| AAA Personnel Categories | Total FTEs | Minority FTEs |
|--|-------------|---------------|
| 1. Agency Executive/ Management Staff | | |
| 2. Other Paid Professional Staff (By Functional Responsibility) | | |
| A. Planning | | |
| B. Development | | |
| C. Administration | | |
| D. Service Delivery | | |
| E. Access/Care Coordination | | |
| F. Other | | |
| 3. Clerical/Support Staff | | |
| 4. Volunteers | See Comment | See Comment |
| 5. Total AAA Staff | | |

Functional Responsibilities:

| |
|---|
| A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis. |
| B. Development—Includes public education, resource development, training and education, research and development and legislative activities. |
| C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance. |
| D. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R. |
| E. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver. |

VDA Comment:

1. VDA urges AOA to consider requiring reporting “volunteer” persons, rather than FTEs, due to the absence of routine time-keeping procedures on volunteer involvement.

Section III. Network Profiles

C. Provider Profile (Excluding Area Agencies on Aging providing direct services)

| | Total # of Providers | Total # of Volunteers |
|----------|----------------------|-----------------------|
| Total | | See Comment |
| Minority | | |
| Rural | | |

VDA Comment:

1. The program definition for “Volunteer” is:

“Volunteer—An uncompensated individual who provides services or support on behalf of older individuals. *Only staff working under the AAA, not the AAA contractors, shall be included.*” (emphasis added)

The Table heading limits this section to non-AAA providers and the definition explicitly applies the term “volunteer” to *“staff working under the AAA, not the AAA contractors”*. In light of the definitional exclusion of staff working for AAA contractors, VDA recommends deletion of the Volunteer reporting requirement in this section.

SECTION III. Network Profiles

D. Profile of Community Focal Points and Senior Centers

State ID: **Fiscal Year:**

| | Number |
|--|--------|
| 1. Total Number of Focal Points Designated Under Section 306(a)(3) of the Act in Operation in the Past Year. | |
| 2. Of the Total Number of Focal Points in Item 1., the Number That Were Senior Centers. | |
| 3. Total Number of Senior Centers in the State in the Past Fiscal Year. | |
| 4. Total Number of Senior Centers in Item 3. That Received OAA Funds During the Past Fiscal Year. | |

SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS

A. FOR HOME AND COMMUNITY BASED PROGRAMS*

State ID: Fiscal Year:

| Identification Of Three Top Accomplishments | | |
|---|-----------|---------------|
| 1. | | |
| | TYPE_CODE | Enter Code(s) |
| 2. | | |
| | | Enter Code(s) |
| 3. | | |
| | | Enter Code(s) |

| Development Type Codes: | | | |
|-------------------------------|-----------------------------|----------------------------|----------|
| 1. Public education/awareness | 3. Training/education | 5. Policy development | 7. Other |
| 2. Resource development | 4. Research and development | 6. Legislative development | |

* includes Title III-E NFCSP

SECTION IV. DEVELOPMENTAL ACCOMPLISHMENTS

B. FOR A SYSTEM OF ELDER RIGHTS

State ID: Fiscal Year:

| Identification Of Three Top Accomplishments | | | | | | | | | | | |
|---|-----------------------------|----------------------------|----------|-------------------------------|-----------------------|-----------------------|----------|-------------------------|-----------------------------|----------------------------|--|
| 1. | | | | | | | | | | | |
| | TYPE CODE | Enter Code(s) | | | | | | | | | |
| 2. | | | | | | | | | | | |
| | | Enter Code(s) | | | | | | | | | |
| 3. | | | | | | | | | | | |
| | | Enter Code(s) | | | | | | | | | |
| <table border="1"><tr><td>1. Public education/awareness</td><td>3. Training/education</td><td>5. Policy development</td><td>7. Other</td></tr><tr><td>2. Resource development</td><td>4. Research and development</td><td>6. Legislative development</td><td></td></tr></table> | | | | 1. Public education/awareness | 3. Training/education | 5. Policy development | 7. Other | 2. Resource development | 4. Research and development | 6. Legislative development | |
| 1. Public education/awareness | 3. Training/education | 5. Policy development | 7. Other | | | | | | | | |
| 2. Resource development | 4. Research and development | 6. Legislative development | | | | | | | | | |

Appendix – Definitions (See VDA Comments pertaining to “High Nutritional Risk”)

The following definitions should be used when completing the SPR:

A. Characteristics of Elderly Clients

Race/Ethnicity Status – The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format.” When questions on race and ethnicity are administered, respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Race (Alone): Undefined

American Indian or Alaskan Native—A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American—A person having origins in any of the black racial groups of Africa.

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White – A person having origins in any of the peoples of Europe, the Middle East, or North Africa. **What about Australia, New Zealand & South Africa?**

Impairment in Activities of Daily Living (ADL) --The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADL) -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual’s ability to make use of available transportation without assistance).

Poverty—Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

Living alone—A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

B. Characteristics of Individuals Associated with the National Family Caregiver Support Program (Title III-E. NFCSP)

Child—An individual who is not more than 18 years of age.

Caregiver—An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.

Grandparent or other older relative caregiver of a child—A grandparent, step grandparent or other relative of a child by blood or marriage, who is 60 years of age or older and—

- (A) lives with the child;
- (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Elderly Client – An eligible (60 years of age or older) elderly individual who receives OAA services.

C. Standardized names, definitions and service units are provided for the services that are singled out in the SPR for reporting

Personal Care (1 Hour) -- Personal assistance, stand-by assistance, supervision or cues for a person with an ADL impairment.

Homemaker (1 Hour) -- Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework for a person with an IADL impairment.

Chore (1 Hour) -- Assistance such as heavy housework, yard work or sidewalk maintenance for a person with an IADL impairment.

Home-Delivered Meal (1 Meal)-- A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 4a; they are included in the meal total reported on line 4 of Section IIA. Certain Title III-E funded home delivered meals may also be included – see the definition of NSIP meals below.

Adult Day Care/Adult Day Health (1 hour) – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Case Management (1 Hour) -- Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Congregate Meal (1 Meal) – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure in line 8a; they are included in the meal total reported on line 8 of Section IIA.

Nutrition Education (1 session per participant) -- A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

Nutrition Counseling (1 session per participant) -- Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

High Nutritional Risk (persons) – An individual who scores ~~higher than a~~ **“six (6) or more”** on the “DETERMINE Your Nutritional Risk” checklist published by the Nutrition Screening Initiative.

VDA Comment: The Nutritional Risk checklist criterion for “High Nutritional Risk” is “6 or more”. Definition should be consistent and “higher than 6” is not the same as “6 or more”.

NSIP Meals (1 meal) -- A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that: 1) it has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirements; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. Meal counts in 4, 4a, 8, 8a, include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

Assisted Transportation (1 One Way Trip) -- Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Transportation (1 One Way Trip) – Transportation from one location to another. Does not include any other activity.

Legal Assistance (1 hour) -- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

Outreach (1 Contact) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted

as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).”

Other Services – A service provided using OAA funds that do not fall into the previously defined service categories. States have the option of reporting such services in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).” Expenditures on “Other Services” in Section II.A. Line 15 is required.

D. Services to Caregivers

Counseling --(1 session) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

Respite Care --(1 hour) Services which offer temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; and 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

Supplemental services –Services provided on a limited basis to complement the care provided by caregivers.

Information Services (1 activity) -- A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

E. Other Definitions

A variety of other terms are used in the SPR. Definitions for these terms are as follows:

Legal Assistance Development - Activities carried out by the state “Legal Assistance Developer” that are designed to coordinate and enhance state and local legal services and elder rights programs.

Volunteer—An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

Agency Executive/Management Staff—Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the state or area agency on aging.

Other Paid Professional Staff—Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency the following areas:

Planning—Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.

Development—Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.

Administration—Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

Access/Care Coordination—Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

Service Delivery—Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

Clerical/Support Staff—All paid personnel who provide support to the management and professional staff.

Provider – An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA. Under Title III-E, in cases where direct cash payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.

Minority Provider – A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.

Rural Provider – Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban areas. [See definition of rural].

Total OAA Expenditures—Outlays/payments made by the SUA and/or AAA's using OAA federal funds to provide an allowable service.

Total Service Expenditure – OAA expenditures plus all other funds administered by the SUA and/or AAA's on behalf of elderly individuals and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose. This is not intended for financial accountability but for statistical purposes such as computing accurate service unit costs based on total service expenditures.

Program Income—Gross income received by the grantee and all sub grantees such as voluntary contributions or income earned only as a result of the grant project during the grant period.

Rural—A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.